

This form may be completed online, printed and mailed to the address listed below.

Rev 7-04

## **NURSE AIDE REGISTRY FORM**

(Please type or print clearly)

DATE: \_\_\_\_\_

**IF APPLICABLE, CHECK ONLY ONE OF THE FOLLOWING**

Nursing Student \_\_\_\_\_ Interstate Endorsement \_\_\_\_\_ State Trained \_\_\_\_\_

**SOCIAL SECURITY NUMBER OR REGISTRY NUMBER** \_\_\_\_\_

NAME \_\_\_\_\_  
(Last) (First) (Middle)

MAIDEN NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FACILITY/AGENCY WHERE EMPLOYED \_\_\_\_\_  
(Facility/Agency) (City)

**DATE HIRED** \_\_\_\_\_

FACILITY TELEPHONE #: \_\_\_\_\_

NAME OF FACILITY EMPLOYEE COMPLETING THIS FORM \_\_\_\_\_

Please return this form to:

**Nebraska Nurse Aide Registry  
Credentialing Division  
PO Box 94986  
Lincoln, NE 68509-4986**